

# WHO Health Promotion Glossary: new terms

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## SUMMARY

*The WHO Health Promotion Glossary was written to facilitate understanding, communication and cooperation among those engaged in health promotion at the local, regional, national and global levels. Two editions of the Glossary have been released, the first in 1986 and the second in 1998, and continued revision of the document is necessary to promote consensus regarding meanings and to take account of developments in thinking and practice. In this update 10 new terms that are to be included in the Glossary are presented. Criteria for the inclusion of terms*

*in the Glossary are that they differentiate health promotion from other health concepts, or have a specific application or meaning when used in relation to health promotion. The terms defined here are: burden of disease; capacity building; evidence-based health promotion; global health; health impact assessment; needs assessment; self-efficacy; social marketing; sustainable health promotion strategies, and; wellness. WHO will continue to periodically update the Health Promotion Glossary to ensure its relevance to the international health promotion community.*

*Key words:* health promotion; health education; terminology

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## INTRODUCTION

The World Health Organization's Health Promotion Glossary was first published in 1986 (Nutbeam, 1986). Its purpose was to facilitate communication between United Nations and other agencies and the growing numbers of practitioners and organizations working in the field of health promotion. The Glossary contained 69 definitions of core concepts and principles in health promotion and terms that are widely used in the field. The demand for a glossary of this type was shown by its publication in seven languages: English, French, Spanish, Russian, Japanese, Italian and German.

In order to take account of important developments in the thinking and practice of health promotion since 1986 the Glossary underwent its first revision in 1998 (WHO, 1998). In the 12 year period between editions of the Glossary a number of significant conferences and initiatives had taken place which brought new concepts and issues to the fore in health promotion. Influential

events included the International Conferences on Health Promotion, firstly in Ottawa (1986) and then in Adelaide (1988), Sundsvall (1991) and Jakarta (1997).

The field of health promotion continues to develop, drawing upon the knowledge and methods of diverse disciplines and being informed by new evidence about health needs and their underlying determinants. The Global Burden of Disease Project has brought about a much stronger recognition of the health threat posed by non-communicable diseases and injury. Related to this, but also to wider political and economic debate, has been the attention given in recent years to the forces of globalization and their potential impacts upon health. At the Sixth Global Conference on Health Promotion in Bangkok (WHO, 2005a) the need for political advocacy, investment in strategies and infrastructure that address the determinants of health, regulatory interventions, and building health

promotion capacity and partnerships were recognized as critical for dealing with the challenges posed by these global forces.

The 1998 version of the Health Promotion Glossary describes many concepts that are relevant to these contemporary challenges in health promotion. The recent experience of practitioners, researchers and teachers also draws attention to concepts where there is a need for clarification and greater consistency of use, which the Health Promotion Glossary could facilitate. For this reason WHO Health Promotion Unit in Geneva initiated the updating of the Glossary in 2004 and this document presents the 10 terms that have been added as a result of this (WHO, 2005b).

The procedure for revising the Glossary involved, first, generating a list of terms for possible inclusion and then reviewing these against criteria that had been set by the authors to identify those which would be suitable for addition to the document. The criteria for the inclusion of terms were that they: differentiated health promotion from other health concepts, or; had a specific application in health promotion (e.g. health promoting schools, health literacy), or; were a term used in other fields which has a specific meaning or application when used in reference to health promotion activities (e.g. advocacy, mediation). A short list of terms was circulated to experts in the field working in Regional Offices of WHO and academic institutions around the world for comment. Once consensus was reached about the terms to be added a process of reviewing literature was carried out to enable the drafting of definitions. In some cases definitions from existing documents were adopted directly, or in only slightly modified form, while in others new definitions were written based on a range of literature and the deliberations of the authors. The draft definitions were circulated to the international network of experts for feedback and then, with some minor modifications, were adopted.

As in the previous versions of the Glossary, in the update a definition of each term is given and in a number of cases there are explanatory notes about the application of the term and its linkages with other health promotion concepts and principles.

The definitions given are not intended to be exhaustive or scientific in nature, as might be found in other technical publications. Instead their purpose is to clearly convey basic concepts

that are in wide currency in health promotion in order to facilitate better communication, planning, partnerships and action in this field. This is a tool that may be of value to policy makers, practitioners and students, and it is hoped will foster commitment to the goals and actions that are central to health promotion.

## NEW TERMS

### **Burden of disease**

The burden of disease is a measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health.

Reference: Modified definition (WHO, 2000).

Burden of disease analysis enables decision-makers to identify the most serious health problems facing a population. Loss of health in populations is measured in disability-adjusted life years (DALYs), which is the sum of years of life lost due to premature death and years lived with disability. Burden of disease data provide a basis for determining the relative contribution of various risk factors to population health that can be used in health promotion priority setting. For instance, smoking, undernutrition and poor sanitation are related to a number of major causes of morbidity and mortality and therefore each is a potentially important focus for health promotion. In addition, burden of disease studies can reveal disparities in health within populations that indicate underlying social inequities that need to be addressed.

### **Capacity building**

Capacity building is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesiveness and partnerships for health in communities.

Reference: Modified definition (Skinner, 1997; Hawe *et al.*, 2000; Catford, 2005)

The competency of individual health promoters is a necessary but not sufficient condition for achieving effective health promotion. The support from the organizations they work within and work with is equally crucial to the effective

implementation of health promotion strategies. At the organizational level this may include training of staff, providing resources, designing policies and procedures to institutionalize health promotion and developing structures for health promotion planning and evaluation. The scope of organizational capacity building encompasses the range of policies and partnerships for health promotion that may be necessary to implement specific programs or to identify and respond to new health needs as they arise. At the community level, capacity building may include raising awareness about health risks, strategies to foster community identity and cohesion, education to increase health literacy, facilitating access to external resources, and developing structures for community decision-making. Community capacity building concerns the ability of community members to take action to address their needs as well as the social and political support that is required for successful implementation of programs.

### **Evidence-based health promotion**

The use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective health promotion actions to address these in given contexts and populations.

Reference: New definition

As a field which recognizes that health needs can be addressed by action at the individual, interpersonal, community, environmental and political levels, health promotion is informed by many types of evidence derived from a range of disciplines (Tang *et al.*, 2003). These include epidemiological studies about health determinants, health promotion program evaluations, ethnographic studies about social and cultural influences upon health needs, sociological research about the patterns and causes of inequalities, political science and historical studies about the public policy making process and economic research about the cost-effectiveness of interventions. Among the applications of evidence to health promotion planning is the identification of health promotion outcomes and intermediate impacts that should be addressed in order to achieve the goals of health promotion actions (Nutbeam, 1998).

It is important to note that formal evidence alone is not a sufficient basis for effective health

promotion. External information can inform, but not replace the expertise of individual practitioners which guides the selection and application of evidence (Sackett *et al.*, 1996; Tang *et al.*, 2003).

### **Global health**

Global health refers to the transnational impacts of globalization upon health determinants and health problems which are the beyond the control of individual nations.

Reference: Modified definition (Lee, 2003)

Issues on the global health agenda include the inequities caused by patterns of international trade and investment, the effects of global climate change, the vulnerability of refugee populations, the marketing of harmful products by transnational corporations and the transmission of diseases resulting from travel between countries. The distinction between global health problems and those which could be regarded as international health issues is that the former defy control by the institutions of individual countries. These global threats to health require partnerships for priority setting and health promotion at both the national and international level.

### **Health impact assessment**

Health impact assessment is a combination of procedures, methods and tools by which a policy, program, product, or service may be judged concerning its effects on the health of the population.

Reference: Modified definition (WHO Regional Office for Europe, 1999).

Health impact assessment is usually conducted at the local or regional level, and its primary purpose is to inform the development of policies and programs that will promote better health and reduce health inequalities (Taylor *et al.*, 2003). When used effectively health impact assessment can draw upon a wide range of values and evidence and facilitate intersectoral partnerships and community participation for health promotion (Sukumnoed and Al-Wahaibi, 2005). Health impact assessment considers both positive and negative impacts and can be used to identify new opportunities for health promotion. Systems for health impact assessment and the subsequent development of health promotion plans and policies are particularly important in the light of the economic and social changes being brought

about by globalization. The issues that can be addressed in health impact assessments include the effects of international trade, changes in the regulatory controls that governments can use, access to new information and technologies, threats to the natural environment, and changes in lifestyles and social structures (Sukkumnoed and Al-Wahaibi, 2005).

### **Needs assessment**

A systematic procedure for determining the nature and extent of health needs in a population, the causes and contributing factors to those needs and the human, organizational and community resources which are available to respond to these.

Reference: Modified definition (Last, 2001; Wright, 2001)

Needs assessment is an early step in planning a health promotion initiative. It is accompanied ideally by an assets assessment (resources available to promote health). The scope of needs assessment in health promotion is broad, reflecting an understanding that health is shaped by individual factors and the physical, social, economic and political context in which people live. Information collected may include morbidity and mortality patterns, health-related cultural beliefs, educational attainment, housing quality, gender equity, political participation, food security, employment, poverty and environmental quality.

The opportunities for empowerment in health promotion begin in the needs assessment stage. Consulting communities is a key method for understanding factors which affect their health and quality of life, and is a means of recognizing the needs of disadvantaged groups which may not be represented in routine statistical collections. Participatory needs assessment methods, such as Rapid Participatory Appraisal, can be used to engage communities in the process of information collection, analysis and priority setting, and to build future capacity for health promotion.

### **Self-efficacy**

Perceived self-efficacy refers to beliefs that individuals hold about their capability to carry out action in a way that will influence the events that affect their lives.

Modified definition: Bandura (1994)

Self-efficacy beliefs determine how people feel, think, motivate themselves and behave.

This is demonstrated in how much effort people will expend and how long they will persist in the face of obstacles and aversive experiences.

### **Social marketing**

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behaviour of target audiences in order to improve the welfare of individuals and society.

Modified definition: Andreassen (1995).

Social marketing strategies are concerned firstly with the needs, preferences and social and economic circumstances of the target market. This information is used to ensure the most attractive benefits of a product, service or idea are offered and to address any barriers to the acceptance of that offering (Maibach *et al.*, 2002). Communicating with target market members about the relative advantages of what is offered is one element of social marketing, but also important are addressing issues of price, access, environmental support and the marketing of competing products. Effective social marketing, therefore, may include efforts to address the economic and regulatory environment. Success of a social marketing strategy is determined by its contribution to the well-being of the target market or society as a whole (Maibach *et al.*, 2002).

### **Sustainable health promotion actions**

Sustainable health promotion actions are those that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the limits of finances, expertise, infrastructure, natural resources and participation by stakeholders.

Reference: New definition

Achieving the changes in risk factors and risk conditions that will result in health gain in populations requires the implementation of health promotion actions over years and decades. Attention needs to be given, therefore, to designing actions which have the potential for ongoing delivery and institutionalization after they have been evaluated and found to be effective. Health promoting policy, across a range of sectors, and modifying the physical environment in which people live have particular value because of their potential sustainability.

The issue of sustainability also highlights the importance of capacity building in health promotion and the benefits of intersectoral collaboration to create shared responsibility for the ongoing implementation of strategies.

The Ottawa Charter identifies a stable ecosystem and sustainable resources among the prerequisites for health, and states that taking care of natural resources is central to creating a supportive environment for health. Sustainable health promotion strategies are those which are compatible with the natural environment in which they are carried out and do not create unintentional threats to the health of future generations due to their ecological impact.

### Wellness

Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings.

Reference: New definition

### CONCLUSION

The set of terms given in this update of the Health Promotion Glossary reflect expert opinion about concepts that need clarification in order to facilitate communication and more effective partnerships and practice in health promotion. Given the breadth of this field and the new applications that health promotion continues to find this list represents a step forward, but is still unlikely to be adequate for the diverse needs of practitioners and researchers. This raises the issue of evaluation of this reference document from the perspective of its target audience. Indeed, several glossaries of terms related to aspects of public health (e.g. injury prevention (Pless and Hagel, 2005), evidence-based public health (Rychetnik *et al.*, 2004), ethnicity and race (Bhopal, 2004), health impact assessment (Mindell *et al.*, 2003) have been published in recent years, but the question of how these could be evaluated has not been addressed. A necessary step in this direction is the selection of criteria by which the value of glossaries can be judged, which could

include: clarity of the definitions given; compatibility of the definitions with thinking and practice across diverse contexts; comprehensiveness of the terms included, and; frequency of use of the document.

In this case readers are invited to submit comments to the Health Promotion Unit of WHO in Geneva concerning the definitions given and the need for inclusion of other terms in future updates of the Glossary. In addition to this, the Health Promotion Unit will continue to seek advice from the international health promotion community to assist the future revision of this document. As a broad indicator of use and perceived need for the Health Promotion Glossary downloads of the updated Glossary will be monitored from the WHO website ([http://whqlibdoc.who.int/hq/1998/WHO\\_HPR\\_HEP\\_98.1.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf)). A paramount objective for this Glossary is that it is found to be useful by the diverse range of agencies working in health promotion and ongoing contact with the field, through a range of channels, will be needed to achieve this.

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